

<b>DO NOT SERVE OR SHOW THIS SHEET TO RESPONDENT</b>						Case Number		
<input type="checkbox"/> Temporary Restraining Order		<input type="checkbox"/> Temporary/Order for Antiharassment		<input type="checkbox"/> Temporary/Order for Protection				
<b>LAW ENFORCEMENT INFORMATION</b> This completed form is required by law enforcement to enforce your order. Fill in the following information as completely as possible. Type or print only. Addresses, birthdates and ID numbers of both parties are necessary to serve and enforce your order.								
<b>RESPONDENT INFORMATION</b>		Name of Respondent ( <b>Last, First, Middle</b> )						
Drivers License or ID Number (specify type)				Nickname		Sex	Race	Birthdate
Height	Weight	Eye Color	Hair Color	Skin Tone	Build	Relation to Petitioner		
Current Address					Home Phone	Interpreter Required? Language:		
Employer		Employer's Address				<b>WORK</b> Hours: Phone:		
Vehicle License Number		Vehicle Make and Model				Vehicle Color	Vehicle Year	
<b>PETITIONER INFORMATION</b>		Name of Petitioner (s) ( <b>Last, First, Middle</b> )				Birthdate (s)		
<b>PETITIONER'S ADDRESS ➔</b>		Address				Phone		
<b>HAZARD INFORMATION</b>		<div style="display: flex; justify-content: space-between; font-weight: bold;"> <span>Weapons</span> <span>Guns/Rifles</span> <span>Knives</span> <span>Explosives</span> <span>Other</span> <span>Location of Weapons:</span> </div> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="flex-grow: 1;">           Describe in detail:         </div> <div style="text-align: right;"> <input type="checkbox"/> Vehicle  <input type="checkbox"/> On Person  <input type="checkbox"/> Residence         </div> </div>						
<b>CURRENT STATUS (For DV Orders Only)</b> (circle)					Respondent's History Includes:			
Are you and the respondent living together right now?      Yes      No Does the respondent know you are trying to get this order?      Yes      No Does the respondent know he/she may be moved out of home?      Yes      No Is the respondent likely to react violently when served?      Yes      No					<input type="checkbox"/> Mental Health Problems (Commitment, Treatment, Suicide Attempt, Other) <input type="checkbox"/> Assault <input type="checkbox"/> Assault with Weapons <input type="checkbox"/> Alcohol/Drug Abuse			

**DO NOT SERVE OR SHOW THIS SHEET TO THE PERSON RESTRAINED/RESPONDENT**